

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046045

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11730

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

City of St. Louis

Length of stay in 1b

11-18-63 to 11-26-63

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Frisco Emoloyes' Hospital Assn.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Scott

c. CITY OR TOWN Chaffee

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

310 Cook

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First John L. Simpson

4. DATE OF DEATH

Month 11 Day 24 Year -63

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/4/1885

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Johnson Co., Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Eva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No. Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT

Eva May Simpson, 310 Cook, Chaffee, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident  
Cerebral arteriosclerosis  
331X

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1954 to Nov 1963 and last saw her alive on Nov 25, 1963. Death occurred at 5:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title) James C Redington M.D.

22b. ADDRESS

4960 Zoude Rd Jones

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-29-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Bisplinghoff, Chaffee, Mo.

25. DATE RECD. BY LOCAL REG.

NOV 27 1963

26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

DEC 12 1963

1001 9

# STATEMENT BY LICENSED EMBALMER

2-21

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address Peoria, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.